

EXHIBIT 41

| Massachusetts Registry of Motor Vehicles RMV-1 Application Form (617) 351-4500 http://www.massrmv.com | | | | 3. Number of Documents / <input type="checkbox"/> RO (Registration Only) <input type="checkbox"/> RX (Registration Transfer) <input type="checkbox"/> ST (Salvage Title) <input type="checkbox"/> RT (Registration & Title) <input type="checkbox"/> TAR (Title Add Registration) <input type="checkbox"/> TO (Title Only) <input type="checkbox"/> SW (Summer/Winter Swap) <input type="checkbox"/> Address Change | | | | | | | |
|--|--|--------------------------------|--|---|--|--|--|---|--|---|--|
| 1. Reg Eff Date | | 2. Reg Exp Date | | 5. Plate Type | | 6. Registration Number | | 7. Previous Title # | | 8. State | |
| Registration/Vehicle Information | | | | | | | | | | | |
| 9. Type of Registration: <input type="checkbox"/> Passenger <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Livery <input type="checkbox"/> Commercial <input type="checkbox"/> Trailer <input type="checkbox"/> Auto Home <input type="checkbox"/> Semi-Trailer <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> Other | | | | 10. Vehicle Identification Number: <u>1H018MY1600000000</u> | | | | | | | |
| 11. Year <u>2003</u> | | 12. Make <u>HD</u> | | 13. Model Name <u>FLSTF</u> | | 14. Model # <u>T</u> | | 15. Body Style <u>MC</u> | | 16. Circle Color (s) of Vehicle: 1-Red 2-Orange 3-Black 4-Blue 5-Brown 6-Green 7-White 8-Gray 9-Purple <u>1-Red 2-Orange 3-Black 4-Blue 5-Brown 6-Green 7-White 8-Gray 9-Purple</u> | |
| 18. Transmission <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual | | 19. Total Gross Weight (Laden) | | 20. Motor Power <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other | | 21. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> Livery <input type="checkbox"/> Taxi <input type="checkbox"/> School Pupil <input type="checkbox"/> If carrying passengers for hire, max no of passengers that can be seated: <u>2</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 17. # of Cylinders/Passengers/Doors <u>2</u> <u>2</u> <u>0</u> | | | |
| Owner Information | | | | 22. Owner 1 License #/State <u>014685590</u> <u>MA</u> | | | | 23. Owner 2 License #/State | | | |
| 25. Owner 1 Name (Last, First, Middle) <u>HAMNER, DAVID K</u> | | | | | | | | 26. Owner 1 Date of Birth | | | |
| 27. Owner 2 Name (Last, First, Middle) | | | | | | | | 28. Owner 2 Date of Birth | | | |
| 30. City/Town Where Vehicle is Principally Garaged: <u>Hudson</u> | | | | | | | | 31. Mailing Address | | | |
| 25 BLUE BERRY LANE | | | | | | | | City <u>HUDSON</u> State <u>MA</u> Zip Code <u>01749</u> | | | |
| 32. Residential Address | | | | | | | | 33. For Leased Vehicles include License Number, Date of Birth and State or EIN/EID Number and Name of Lessee | | | |
| 34. For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee | | | | | | | | 35. Signature of Owner From Block 25 or 29. Also Print Name If Different <u>David K Hamner</u> | | | |
| 36. Signature of 2nd Owner From Block 27. Also Print Name If Different | | | | | | | | 37. Authorized Dealer's Signature <u>[Signature]</u> | | | |
| 38. Dealer Reg No. <u>1</u> | | | | | | | | 39. Seller's Name (Please Print) <u>CYCLE CRAFT COMPANY INC.</u> | | | |
| 40. Seller's Address <u>1760 REVERE BEACH PKWY (RT 16) EVERETT MA 02140</u> | | | | | | | | 41. Policy Effective Date: | | | |
| 42. Date of Purchase <u>8/09/2003</u> | | | | | | | | 43. Odometer Reading <u>10</u> | | | |
| 44. <input type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle If new vehicle, certificate of origin must be submitted | | | | | | | | 45. Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Reconstruct <input type="checkbox"/> Owner Retained <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained | | | |
| 46. Primary Salvage Title Brands: <input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only | | | | | | | | 47. Secondary Salvage Brand | | | |
| 48. Date of 1st Lien | | | | | | | | 49. Date of 2nd Lien | | | |
| 50. First Lienholder Code | | | | | | | | 51. Name | | | |
| 52. Lien Address | | | | | | | | 53. Second Lienholder Code | | | |
| 54. Name | | | | | | | | 55. Lien Address | | | |

Sales or Use Tax Schedule

Fee Information

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CONFIDENTIAL